



## TRANSMITTAL FORM

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<b>TRANSMITTAL FORM</b> <i>(to be used for all correspondence after initial filing)</i>		<b>Application Number</b> 10/809,828 <b>Filing Date</b> March 26, 2004 <b>First Named Inventor</b> Masayuki MORITA et al. <b>Group Art Unit</b> 1626 <b>Examiner Name</b> Laura Lynne STOCKTON
<b>Total Number of Pages in This Submission</b>	<b>11</b>	<b>Attorney Docket Number</b> 740250-890

<b>ENCLOSURES (check all that apply)</b>		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request for _months <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> A copy of the Notice to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers <i>(for an Application)</i> <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Declaration and Power of Attorney <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group <i>(Appeal Notice, Brief, Reply Brief)</i> <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Application Data Sheet <input type="checkbox"/> Request for Corrected Filing Receipt with Enclosures <input type="checkbox"/> A self-addressed, prepaid postcard for acknowledging receipt <input type="checkbox"/> Other Enclosure(s) <i>(please identify below):</i>
<b>Remarks</b> <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees required or credit any overpayments to Deposit Account No. 19-2380 for the above identified docket number.		

### SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

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<b>Signature</b>	
<b>Date</b>	February 17, 2005

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Attorney Docket No. 740250-890

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of: ) Confirmation No.: 7960  
Masayuki MORITA et al. ) Group Art Unit: 1626  
Serial No. 10/809,828 ) Examiner: Laura Lynne STOCKTON  
Filed: March 26, 2004 )  
For: METHOD FOR PRODUCING ) Date: February 17, 2005  
2-ALKYL-4-ISOTHIAZOLINE-3-ONE )  
)

**AMENDMENT**

Mail Stop **Amendment**  
Commissioner for Patents  
P.O. Box 1450  
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Sir:

In response to the Office Action dated November 17, 2004, please amend the above-identified application as follows:

**Amendments to the Claims** begin on page 2 of this paper.

**Remarks** begin on page 5 of this paper.